KEEP THE PROMISE COALITION
Community Solutions, *Not* Institutions!
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Testimony before the Human Services Committee
February 23, 2010
In Opposition to SB 32; In Favor of SB 140 & HB 5067

Good morning/afternoon distinguished co-chairs and members of the Human Services Committee. My name is Cheri Bragg, Coordinator of Keep the Promise, a statewide Coalition dedicated to investment in a comprehensive, community mental health system for children, adults and families in CT.

KTP was formed after the closure of two of CT's large state psychiatric hospitals. Advocates saw the devastating effects on children and adults following the failure to invest in a comprehensive community mental health system: people falling through the cracks into the correctional system or homelessness, and a costly overreliance on unnecessary emergency and residential care. **It is critical that CT not implement policies that will increase the use of costly emergency care in an already overburdened system during a time of state budget crisis.**

SB 32 would implement harmful policies affecting the Department of Social Services that will significantly restrict access to medications and services by:

- Expanding the DSS Preferred Drug List to include ALL mental health-related medications.
- Increase prescription drug co-pays to up to $20 per month for individuals enrolled in Medicaid and Medicare Part D.
- Impose co-pays on Medicaid recipients for certain services, and prescription drug co-pays of up to $20 per month.

Eliminating the exemption for mental health-related medications and placing them on DSS's Preferred Drug List would remove the protection recently implemented by this legislature to eliminate prior authorization requirements for any non-preferred prescription that the individual has filled or refilled in the previous 12 months. This would mean that people who are currently stable on medications would a) walk away from the pharmacy without needed medications and b) need to notify their doctor to fill out prior authorization paperwork. There is no savings here unless a person is not able to determine that they need to contact their doctor and begin this process. Even then, it is only savings in the short term. If a person ends up requiring emergency care or hospitalization as

a result of not obtaining their psychiatric medication, the costs are not only merely shifted elsewhere, but also dramatically increased, something CT can ill afford.

Likewise, policies that increase prescription drug co-pays to up to $20 per month for individuals enrolled in Medicaid and Medicare Part D ("dual-eligibles") have also been shown to shift and dramatically increase state costs due to increased emergency care and hospitalizations. It is not clear that DSS is always able to keep track of the current $15 cap as members report paying more than that amount as well as having to go without food or other necessities. SB 32 also proposes imposing co-pays on Medicaid recipients for certain services and prescription drug co-pays of up to $20 per month. It does not make sense to implement these high co-pays on people whose incomes are the lowest in our state. They are making choices that are not real choices: between food, medication, and paying rent, heat or other bills.

Finally, section 36 of SB 32 would obliterate the Medical Inefficiency Committee and their hard work by eliminating the requirement that any changes in the medical necessity definition not reduce the *quality of care* for Medicaid recipients and instead implement the clearly harmful SAGA medical necessity definition. It is my understanding that the full Committee will soon be producing a report containing an alternative recommended definition. **The Coalition asks that you do not implement section 36, ignoring the testimony of this Coalition and others and the hard work the Medical Inefficiency Committee has done.**

Keep the Promise Coalition would like to testify in favor of two bills: SB 140 and HB 5067. SB 140 would require DCF to continue to provide care for a young adult until DCF and DMHAS complete the details of his or her transition plan. This makes simple, common sense: young people should not transition to an adult system until all plans are in place. Young adults are at a critical juncture in their lives: they are having to navigate the world of work, develop healthy, adult relationships with friends and family, learn how to successfully keep a home, pay bills, and keep a budget, and find their own, individual meaningful role in the community. These are difficult for most young adults, but adding the challenges of a mental illness often mean additional, specific supports are needed at this time in their lives. It is in our communities' best interests, both personal and financial, to see that this transition is as smooth and productive as possible. **Young adults that are not successfully supported through this transition, often wind up homeless, hospitalized, revolving through emergency care, or even in the criminal justice system: all extremely costly alternatives to people and CT's pocketbook.** Supporting young adults makes sense.

KTP would also like to testify in favor of HB 5067 which would require the commissioners of DCF and DMHAS to provide an annual report to several legislative committees regarding the transition of young adults from DCF to DMHAS. The report would include detailed statistics on the young adults that go through the transition process including the cost of their care and the overall successes and failures of this system which would help identify any problems to address.

You will hear/have heard from many wonderful young adults and adults today, as well as receive written testimony from those who were unable to attend, about how critical access to medications and young adult services are to them. Please review and consider their testimony so that we don't continue to make costly mistakes for the citizens of CT.
Thank you.